

The Therapeutic Use of Ritual and Ceremony in the Treatment of Post-Traumatic Stress Disorder

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The therapeutic purposes and effects of specially designed ceremonies in the treatment of persons with post-traumatic stress disorder are described. Ceremonies compartmentalize the review of the trauma, provide symbolic enactments of transformation of previously shattered relationships, and reestablish connections among family and with society in general. Four ceremonies used with Vietnam combat veterans are described which focus on the themes of separation from and return to the family, forgiveness of the living, and releasing the dead. Ritual and ceremony are highly efficient vehicles for accessing and containing intense emotions evoked by traumatic experience. Evaluation by family and veterans judge these ceremonies to be the most effective components of treatment.

KEY WORDS: ceremony; Vietnam veterans.

Wilson, Walker, and Webster (1989) have explored the use of ceremony in the treatment of Vietnam veterans, particularly on repairing the trauma of the return home. They rely heavily on Native American Indian rituals of purification for returning warriors. The *homecoming ritual*, for example, consists of each veteran going on a long hike, and being met by his family and friends along the road, welcoming him back. The *ceremonial fire* consists of each veteran and family member releasing a burden into a bonfire, to symbolize the freeing up of new energy and hope for the future.

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A *tree planting*, in which each veteran planted two fir trees in the woods, symbolizes the transformation of the wounded self through rebirth. Finally, the *sweat lodge*, in which the men sat in a sweltering hot tent and meditated according to an Indian ritual process, is designed to "(1) transform the warrior identity into a more nurturing and mature form of adaptation, (2) establish individual and cultural continuity, and (3) promote self-disclosure while bonded to others in an environment of collective pain" (p. 43).

Silver and Wilson (1988) describe two ceremonies used largely by Native American Vietnam veterans: the Gourd Dance, in which a circle of veterans move in and out of the center where the drummers sit, surrounded by an outer circle of family members. The Red Feather ritual is a special induction of wounded warriors into an honor society with special privileges and responsibilities, such as abstaining from alcohol. They note that these rituals "served the purpose of confirming the membership of the warrior in his culture and promised his reintegration after the war" (p. 342).

One of the potential limitations of the use of rituals from another culture is that they do not match the cultural perspective of most Vietnam veterans. The effectiveness of these rituals is presumably at least partly determined by their embeddedness in the warrior's culture, family, and friendship network. As will be noted later, ritual is fundamentally a communal act. Using a ceremony, however elegant, out of context of the veteran's family and society is questionable practice. The need for Vietnam veterans to return to and be fully reintegrated by American society requires ceremonies designed within a more secular context.

Obenchain and Silver (1992) have recently described a more secular attempt at using ceremony within an inpatient PTSD unit, based on the structure of an awards ceremony. The ceremony includes a speech from a local newspaper editor, statements of appreciation from staff, awarding of certificates, and then processing in group therapy afterwards.

RITUAL AND CEREMONY

Ritual and ceremony have not been particularly essential elements of modern psychiatric treatment, and despite some efforts by family therapists (Andolfi, Angelo, Menghi, & Nicolo-Corigliano, 1983; Haley, 1976; Imber-Black & Roberts, 1992) and creative arts therapists (Johnson, 1987), their use is largely unknown. Ritual has been studied from a variety of different perspectives. Reik (1946) examined ritual in terms of its defensive use against the outbreak of unconscious impulses, particularly oedipal guilt and the fear of retaliation or castration. Anthropologists such as Benedict (1934), Chapple (1970), Douglas (1970), Durkheim (1961), Levi-Strauss

(1969), and Turner (1967) have examined in detail the structural and cognitive elements of ritual as they interact within a given societal culture. Largely, these investigators describe ritual as necessary for the maintenance of the social structure and its norms, and for the management of fears or anxieties generated by strains within the community. Changes in social status, birth, puberty, marriage, promotion, retirement, aging, and death involve the rearrangement of existing relationships, requiring adaptation by the individual and the community (Goffman, 1971). Ritual serves to acknowledge a change without threatening the overall social order. Some anthropologists are critical of ceremonies and rituals, viewing them as strategies of suppression and control by the group over the individual (Turner, 1976). Others view ritual as a creative, functional expression of the individual's relationship to the collective (Mandelbaum, 1959).

The essential containing device of the ritual is the restatement of the pledge to the group and its authority. When the established authority is particularly threatened or vulnerable, rituals are highly proscribed and involve little if any spontaneous contribution from the participants. Rituals of this kind are similar to obsessional symptoms (Freud, 1927). Any departure or error raises intense anxiety, and is seen as a sign of bad luck, since the containing function of the ritual has been compromised. Whether the threat to the existence of the community is a relationship, an idea, or intense emotion, the ceremony will attempt to ward off its emergence. When the intent of the ceremony is to help individuals in the community adapt to a crisis, then the ceremony may be less suppressive of emotion or representations of disturbances in relationship.

THERAPEUTIC RITUALS

In his book *Catharsis in Healing, Ritual, and Drama* (1979), Scheff articulates a theory of ritual that forms the basis of the ceremonies in our program. He introduces the fundamental concept of *aesthetic distance* to indicate an intermediate level of arousal that is optimal for adaptation, catharsis, and integration. A person is underdistanced when they are overwhelmed by the emotion, and overdistanced when they are not at all aroused. A good example of aesthetic distance is when one experiences a painting of a nude as a work of art rather than as sexually arousing. Likewise, it is essential in ritual that the danger be represented but not experienced as real. The value of a ceremony thus is enhanced if the participants are at aesthetic distance, being both emotionally engaged and yet aware of its symbolic nature. This is what we mean by "containing" (as opposed to suppressing) emotions.

Most rituals have the therapeutic properties of strengthening the bonds of individuals to their community and in giving reassurance against the anxieties and fears of life. However, for rituals to be therapeutic they must help individuals manage their distressing emotions. Thus, therapeutic rituals function less as methods of supporting the existing social order, of warding off unconscious or disturbing emotion, and of suppressing individual expression.

Because therapeutic rituals are intentionally designed to enhance the self-esteem of the participants, they must give more room for the expression of feelings by the individual members. Therapeutic rituals provide specific times for spontaneous, individual actions or comments by members. Therapeutic rituals also allow for greater arousal of the disturbing situation, and therefore for greater emotional catharsis. The content of the threatening situation is less suppressed or cloaked.

USES OF CEREMONY WITH TRAUMATIZED PATIENTS

Patients suffering from post-traumatic stress disorder experience the biphasic shifts between flooding and numbing of emotion (Horowitz, 1976). Essentially, in Scheff's (1979) terminology, they shift between underdistanced and overdistanced states. Ceremonies with these patients should therefore be designed to allow for the evocation of distressing emotions within a safely contained structure, that is, to help them achieve aesthetic distance. This needs to be done for each disturbance in relationship within their lives. Ceremonies help to re-contextualize the experience of trauma victims, thereby giving meaning to their alienation. The fundamental break in relationship between them and society can be addressed. The overall effect is to engage the patient in utilizing social defenses, instead of relying solely on personal, largely intrapsychic defenses to manage distress. Experiencing a catharsis of emotion within a communal ritual, as opposed to alone or in a dyad, should encourage identification and attachment with the group and its system of defenses, alleviating pressure on the individual. Indeed, the striking absence of normative social defenses and support after the Vietnam war may have indirectly intensified the symptomatic expression of PTSD within individual veterans.

Therapeutic ceremonies can have significant effects within specialized PTSD programs. First, ceremonies compartmentalize the review of the trauma, so that the patient and staff are freed up to deal with current problems in life. The ceremony sets the trauma aside from everyday life and, at the same time, gives it respectful expression. The ceremony offers

patients a normative structure usually provided by anniversaries and special events to mourn their losses or their own disorder.

Second, these ceremonial events provide symbolic enactments that can become metaphors for transformation, greatly needed for trauma patients struggling with feelings of hopelessness occasioned by the chronicity of their disorder. The ceremony goes beyond mere recognition of the problem, and becomes a support for the possibility of actual therapeutic change. Like the effect of a structural change in structural family therapy (Minuchin, 1974), in which the family is shown that it can interact in a new way, the ceremony re-organizes the participants into a healthier relationship, providing a model for identification.

Third, these ceremonies are designed to reestablish connection to the community of family and society in general. The structure and process of these ceremonies is representative of attachment. The presence of other people is essential, and the metaphors of journey, communication, and group support evoke the relational aspects of the trauma patients' struggle.

The following four ceremonies have been used in our inpatient program at the National Center for PTSD, a 27 bed unit that admits veterans in cohorts of fourteen for four months. The program's developmental philosophy has been recently described in detail (Johnson, Feldman, Southwick, & Charney, 1994).

1. The Opening Ceremony: Departure

The leave-taking and return of the veteran from his family involved much stress, emotion, and often confusion. The rite of passage from boy to warrior to adult male was largely disordered. Rituals acknowledging the veteran's separation and return are sorely needed. The Opening Ceremony of the PTSD Program occurs on an evening during the first week of the program, to which each veteran's family and friends and counselors are invited. There is a great deal of pressure from the staff for these people to attend and as a result there are usually 30-50 people in attendance. After an orientation lecture concerning the nature of PTSD, the coordinator of the Family Program talks about the effect of PTSD on the family. Then everyone is divided by family to meet with one or two staff members for a half hour. This structure indicates our respect for the individual family unit. During this time, clinicians are able to connect with family members, norms of the program are underscored, and the families' concerns are heard. Then everyone returns to the community room for the following ceremony which symbolically re-enacts the departure of the veteran from

the family. The staff stand together at one end of the room. Each family sits with their veteran.

Leader: As a country we sent you to war, a long time ago. And you have not fully returned to us. We the staff of 9 West have been directed by the President, by the Congress, by the Veterans Administration, to create a program that will help you to come home to your families and loved ones at last.

Staff: (speaking in unison) We have been sent to find you and to bring you back.

Leader: You, the family and friends of these veterans, have had to put up with the worry, the troubles, the pain of post traumatic stress disorder, which is an illness of misunderstanding, of anger, of memory, all these years, because a country has turned its back on these men. But before we can accept them fully into the program, we need and they need your blessing to release them to us. Are you willing to release them to us?

Families: (in unison) Yes, we are willing.
[Then as each veteran and his family are addressed, they are asked to stand up.]

Leader: (to each veteran one at a time): Mr. _____, do you want to come home from Vietnam?

Veteran: Yes, I do.

Leader: Then you must ask your family or friends to release you to us for the next four months.

Veteran: (To his family) I wish to enter this program so that I can come home to you.

Family: We give our blessing, because we love you, and we want you to come home to us. [Veteran says goodbye to his family—often with a hug or handshake—and walks across room to the staff.]

Leader: Veterans, are you willing to enter this program, knowing that you will face the risks of change?

Veterans: Yes, we are willing.

Leader: Are you willing to examine your past behaviors toward your loved ones: the cutting off, the dumping, the isolation—in order to regain some of the strength, the love, and the passion that still remains in your relationships?

Veterans: Yes we are.

Leader: Family and friends of these veterans, do you realize that they are suffering from a chronic condition for which they are not to blame?

Families: We are learning this.

Leader: Do you realize that you too have suffered as result of their illness?

Families: Yes, we have suffered too.

Leader: Are you willing to accept their progress in small steps?

Families: Yes we are.

Leader: Are you willing to examine your own behavior and make changes where necessary to allow him to come home and resume a more responsible role?

Families: Yes, we are willing.

Leader: (To everyone): Are you all willing to fight against the deadly voices of hopelessness, shaming, blaming, and revenge?

Everyone: Yes, we will not listen to these voices.

Leader: Will you reach for acceptance of the bad things which have happened, let go of the blame for suffering from post-traumatic stress disorder, and open yourself toward forgiveness of others and yourself?

Everyone: Yes, we will try.

Leader: (When all the veterans have lined up behind him.) We have found these veterans. Now the journey home begins. (The veterans and the staff exit the room.)

After this exit, the Family Program coordinator remains behind with the families and talks with them about what they can expect from the program.

Discussion

This simple ceremony evokes memories of the veterans' departures from their families to Vietnam, though in many cases the ceremony serves as a corrective emotional experience, since the actual departures typically were devoid of proper parting. Having the veterans ask for their families' blessings empowers the family and helps to engage them in the treatment process. The atmosphere is very emotional, and the goodbyes are usually poignant. In fact as the group of veterans leaves together at the end of the ceremony, to go down the hall to wait for a few minutes before coming back in for refreshments, the families often are weeping. In one case emotions ran so high that family members ran up to their veterans in the line to give them food or pieces of clothing, as if they really were leaving.

2. Family Night Ceremony: Forgiveness

Once they returned home from Vietnam, the veterans began families whom they have abused or lost contact with. These relationships remain fraught with distress, guilt, and misunderstanding. About a month after the Opening Ceremony, another evening ritual occurs with the families that focuses on expressing forgiveness for these misunderstandings. The leader begins with a lecture on PTSD as a chronic illness, emphasizing the need to find forgiveness and acceptance of the burden that past events and mistakes place on us. Then the participants are divided into groups according to social role: parents, spouses, siblings/friends, children, and veterans. Staff members meet with each group separately for 45 min. After discussion of the impact of PTSD on the family, each group writes a collective letter to the veterans. The veterans write a group letter to their families. The letters are written down, a representative is selected to read it, and then the groups return to the community room. Each group is seated together, dividing up family units. The staff also sit as a group. Then the leader introduces the ceremony and instructs the staff group to stand up. He then reads a staff letter, which commits the staff to working with the families and veterans

against the illness. Then in turn the parents, siblings, friends, spouses, children and finally veterans stand and read their letters. Here are actual excerpts from these letters.

Parents' Message

Dear Sons,

We've experienced agony, anguish, anger, and fear for your very life as well since your return from Vietnam. We've seen you change from the happy wonderful boy, proud to be in the service, into an angry withdrawn man. We have lived with anger at the country, at the doctors, at the president. We did the best we could. We'd like to have you back. We'd like to have your love. We love you. Your Moms and Dads

Spouses' Message

My dear husband,

You have made us feel hurt, overwhelmed, alone, resentful, and empty. We recognize that you got the short end of the stick from the government. But we can't change that. We have to make a fresh start now and build for the future, hopefully for us and our children. The illness has consumed us also. We miss the women we used to be. We want you as our husband and father of our children. We'd like you to open up. We want you as our friend. Come home.

Your wives

Children's Message

Dear Dad,

We love you and we're proud that you are in the hospital getting help. We think we know what your problems are but we're nervous because we are afraid you might get mad if we tell you. There are two sides to you: sometimes, you're mean and destructive, and sometimes you're sweet and caring. Sometimes we want to hide the keys to protect you from drinking and driving. Dad, we see you making some success. We like it when you're home to play with us.

Love, Your kids.

Veterans' Message to Their Families

Dear Family and Friends,

We thank you for being here, for standing by us, after all that has happened. We know we haven't been the best example as a father, husband, or son. We are deeply sorry for not showing enough love, for the abuse, for not being sensitive enough to you, and not being able to trust you.

And for all this sacrifice, perhaps you will get us back—willing to listen, with a new attitude, and able to spend time with you and our dear children. We look forward to the day when we can look in your eyes and say, I love you, with feeling. Instead of harshness, tenderness. Instead of isolation, communication.

We love you so very much, The Vets

At the end of the reading, everyone rejoins their family, units, which occurs in the midst of weeping and hugging.

Discussion

The format of this ceremony allows for disturbing and intense emotions to be shared. In individual families, communication is hampered by the defenses, explosiveness, and endless repetitions that prevent each person from listening. Every statement has its counterargument. In the group setting, the intensity of the individual relationships is mediated, so that the same message may more easily be heard. Each member has the support of others in his or her role, so the overall sense of safety is much greater.

When the children's group reads their letter, and often one of the youngest children reads it, the veterans' capacity to defend themselves against their own lack of responsibility in the home collapses. Even those who do not have their children present, seeing these children speak directly to their fathers is enough to connect them to their shame and guilt. Yet the ceremony is clothed in an atmosphere of hope, tolerance, and collaboration, rather than punishment, so that their guilt is associated with a positive emotional atmosphere. The ceremony provides a model for the kind of direct communication individual families will be taught during the program.

3. The Crossing Over Ceremony: Return

This ceremony marks the end of the program, and psychologically dramatizes the return of a transformed veteran to his family. The leader brings the veterans into the room and one of the veterans steps forward, as his family members and friends stand across the room from him.

Leader: Are those gathered here willing to be witnesses for this Vietnam veteran?

Audience: [Yes, we are.]

Leader: The leader turns to the veteran and asks these questions, to which the veteran gives his own answers:

Did you serve our country in Vietnam? When was your tour of duty? In so doing, did you put your life at risk?

Did you see death, stupidity, fear, or cowardice? Did you see courage, love, and heroism?

Audience: [That is war]

Leader: Did you do things that you regret? That you were proud of? Did you have experiences that are beyond words?

Audience: [That is war.]

Leader: When you returned home, were you properly debriefed?

Were you ignored, stigmatized, or ridiculed?

Audience: [We let you down.]

Leader: Were you ever accepted as you were, a soldier who did his duty, the best way that he could?

Audience: [We let you down.]

Leader: How did this welcome affect you? As a result of the war and this welcome, did you resort to cutting off the people that you love? Resort to drugs or alcohol to silence the pain? Lose control of your anger and hurt people that you love? Thought about suicide as a way of ending it all?

Is there still hope?

Audience: [Yes, we believe there is hope.]

Leader: Even though you will live with the memories of Vietnam forever?

Audience: [Yes]

Leader: Even though these things happened and there is no way to change history?

Audience: [Yes]

Leader: Are you willing to accept yourself as you were, as a soldier who did his duty, the best way that you could? Are you willing to try to gain better control over your anger, and to try to show your love more openly? Are you ready to work toward forgiveness of yourself and your loved ones?

Audience: [We are ready to forgive you.]

Leader: Even though you carry this heavy burden from the past, can you still love your family and friends? Can you still search for a meaning in your life? Can you build a new future, in which you can be a contributing member of society?

Audience: [Yes, you can do these things.]

Leader: Despite the obstacles, do you want to return to us here in the world?

Audience: [Come home to us.]

[The leader then turns to a veteran of World War Two who is specifically invited to the ceremony]: Are you, veteran of World War II, willing to accept this veteran into the brotherhood of all U.S. veterans? [The WWII veteran says: I am honored to welcome this veteran into the brotherhood of all US veterans. Then he shakes the veteran's hand. The leader now turns to the family members and friends]: Are you willing to help in whatever way you can in his journey home? Do you

realize that he is suffering from a chronic condition for which he is not to blame? Are you willing to accept his progress in small steps? Tell him how you feel. (The selected family member then says whatever they wish. For example, "I miss you so much. I know this program has been difficult for you, but I have learned a lot about us, and I want to hang in there with you. I love you so much. Please come home to us.")

Leader: Veteran, please tell your family how you feel. (For example, "When I entered this program I thought this was my last chance before I lost you and the kids. I am amazed that you have been there for me through everything I have done. I promise you there will be no more abuse. I promise you that I will do my best, even though I am going to need your support more than ever with my illness. I want to be with you. I am so sorry for everything, but I do love you.")

Leader: Now, make the crossing. [The leader shakes the veteran's hand, and then the veteran walks across the room to his family/friends, as the audience breaks into applause.] At the end of the ceremony, the leader says: "These few steps across the room are only symbolic ones, for it is not so easy to come home from Vietnam. The war has affected us all, and together we must work hard not to fall victim to the hopelessness and despair that besets us. And I am glad to say that tonight, at least, we have not failed."

Discussion

This ceremony places many demands on the veterans. They must confront their families in a public setting. They must talk openly about their feelings. They must evaluate how much improvement they have made. They must leave the program. The ceremony dramatically enacts the acknowledgement by America that they have let down the veterans, that errors were made. The ceremony includes a welcome by a World War II veteran. It provides space for the veteran to speak for himself about his unique experience. Finally, the ceremony underscores the importance of the family. When the veteran and his family face each other and talk to each other, the rest of the audience watches a real family interaction, and theatre dissolves as an authentic interaction between loved ones unfolds. The audience is privileged to serve in the role of witness. Since so many in the audience share similar issues, the catharsis is powerful. In these moments, despite the realization that the illness of PTSD is strong and chronic, the sheer power of the encounter between people is enough to generate hope even among the most hopeless.

4. Ceremony for the Dead: Survival

Veterans experience guilt over surviving the war, and loss of their buddies who died. They hold the spirits of their buddies inside them, fearful

that they cannot let them go. This break in relationship requires a ceremony that provides some healing metaphor of mourning. The veteran seeks an answer to the question: How have I changed as a person after I lost my buddies?

At the end of Phase Two, after the veterans' traumatic memories have been processed in group therapy, the *Ceremony for the Dead* is held. The staff, patients, and family members go to the Vietnam memorial a short distance from the VA hospital which honors Vietnam veterans from Connecticut. The V-shaped black marble statue is on the Long Island Sound. Before the ceremony, each veteran is asked to prepare a sheet of paper for each of his dead buddies. He must write his/her name (if known) on it, and is encouraged to include poems, pictures, or items of remembrance.

Leader: "We come here to honor those who died in Vietnam serving their country, as well as those who live and are now in mourning." [A wreath is placed next to the V, and each person places a small flag or flower in it.]

Leader: Oh, veterans, you men and women with the burden of dead souls, captured in battle when God was not around, it is time to let them go, and place them in God's hands. Now you can mourn their deaths, and the death of your own youth and innocence. Then, you can remember. Let them go, and then you can be comforted.

Staff: Let them go, and then you can be comforted.

Leader: Release them to the air, to the sea, to the earth, and let them rest at last.

Staff: To the air, the sea, and the earth.

Veterans: As a Vietnam survivor, I have witnessed the deaths of men and women that I loved.

Staff: We know that you have.

Veterans: As a Vietnam survivor, I have taken into my keeping the souls of these dead soldiers. It was my choice.

Staff: A fateful choice.

Veterans: As a Vietnam survivor, this has been my sacred responsibility, to carry the memory of the dead. This has been both a burden and a solace.

Staff: You have fulfilled your responsibility.

Veterans: I have not betrayed or forgotten the memory of the dead.

Staff: You have honored the dead.

Veterans: This has changed my life forever, for better and for worse.

Staff: For better and for worse.

Leader: Let these spirits give you inspiration and guidance for the rest of your lives. It is time for them to release you to your future. We must ask their blessing.

Veterans: Dear comrades, you will always inspire me to do my best. I need your blessing in order to go on with my life. I need your love now more than ever. Will you release me to the world?

Leader: Listen! They are with us. (Long silence.) It is now time to release the souls of the dead to God, to the Earth, and to us. Please come forward and place their names in the chalice.

Staff: We know of your sadness. Tell us their names.

[Each veteran comes forward and puts the paper into the chalice and says the name out loud. Everyone repeats each name.]

Veterans: Dear comrades, I give you up to the Earth and to God. I will remember you always. Now it is time to rest.

Staff: We will remember them with you. Now it is time for you to be given comfort.

Leader: (lighting the chalice) You—the living men and women of Vietnam—have carried this burden for twenty years. At this moment your unshed tears are seen. We cannot change the past, but we will be with you into the future. This is our pledge. Now we commit you, dear dead comrades, to the air.

Veterans: These men and women deserve to be honored.

Staff: We honor the lives and deaths of these men and women.

Veterans: These soldiers died for their country.

Staff: We remember they died for their country.

Veterans: We commit them to the air.

Leader: In so doing, we say farewell, comrades, till we meet again.

All: Farewell, comrades, till we meet again.

Leader: "Sing me a farewell song, A canticle of life,

For I am leaving land, And taking space to wife

Into the rising wind, I'll shout the ecstasy

Echoes will answer back, I am where I wished to be."

[There is a long silence as the papers burn and the smoke goes up into the sky. Then the leader leads the group down to the water's edge.]

Leader: We now commit you to the sea. [The leader then throws a handful of sand from another pot into the water. Each person then comes forward to scatter these ashes into the sea. Then, the group returns to a place near the V memorial and forms a large circle.]

Leader: We now commit you to the earth. [A veteran digs a hole in the ground. Another places the ashes from the chalice in the ground, and plants flowers over them. Everyone holds hands.]

Leader: May these souls find peace, and be at home in the universe. May they be blessed and honored forever. May we the living remember them always, as we turn from this place and return to our friends and family who are waiting for us. Life is long. Let the memory of these men and women give you strength. We wish you well.

A very long silence then occurs, with veterans often weeping. Staff members and family often give physical support with hugs or holding hands during this time. After returning to the unit, a "wake" is held with food and conversation. Group therapy is not held, due to the philosophy that these rituals are normative experiences, set off from formal psychotherapy.

Discussion

The veterans inevitably approach this ceremony as if it is the first time they have honored their dead buddies. They respond as if their buddies are dying again, and even though there has never been a flashback during the ceremony, the veterans weep, shake, become weak or have to be led up to the chalice. Many take great care in preparing their sheets

of paper, taping old photographs, letters, or ribbons on them, or writing very personal poems to their buddies. As they place these sheets of paper into the chalice, it appears as if they believe them to be actual parts of their buddies. Throwing the ashes into the sea, and then planting flowers in the earth are done with great care. The water, wind, and earth seem to give a power to the event, indicating a connection to larger forces of nature that is both humbling and comforting. The presence of families and past cohort members to support the veterans is greatly appreciated. For the staff, the generic aspects of the ceremony evoke their own lost loved ones. The ceremony gives staff a reminder of the importance and meaning of their own work, and without exception, staff who participate in the ceremony leave recommitted to their work. Many times within the confines of the inpatient unit, certain patients' poor attitudes and personality disorders make staff and other patients question their veracity or need for treatment. When these patients are witnessed breaking down and weeping as they mention their buddies, people can see through their social defenses and recognize their real pain. The ceremony has helped the staff stay connected to even the most recalcitrant veteran.

CONCLUSION

These ceremonies appear to be highly efficient vehicles for accessing and containing intense emotions that furthers therapeutic work. They increase bonding within the veteran group, between the veterans and their families, and between the veterans and the staff. Though cathartic, these ceremonies have not induced flashbacks or other dissociative reactions afterwards. The veterans are apparently able to utilize the social defenses provided by the rituals, rather than resorting to the use of personal intrapsychic defenses. In formal evaluations at discharge, 61 veterans, 25 family members, and 21 staff members ranked the ceremonies first among all treatment elements in terms of therapeutic effectiveness (followed by psychoeducation, group therapy, trauma work, individual psychotherapy, and medication). In fact, the ceremonies were rated at the top of the 5-point Likert scale ("extremely helpful") by 100% of family members, 92% of veterans, and 87% of staff.

The leadership of these ceremonies has shifted among various senior staff on the unit, male and female, with no apparent shift in their power or effectiveness. Repetition has not diminished their effectiveness because in each ceremony there is a place for individualized, spontaneous expression. The presence of these powerful rituals allows the staff and veterans to focus on other more current concerns during the rest of the program.

The ceremonies also help to treat staff burnout by providing them with socially sanctioned arenas for their own emotional work, helping them reconnect with the reasons why they entered the field.

These principles and ceremonies could be readily applied to other traumatized populations, by determining which relationships were disrupted, and then building a ceremony that both elicits the disruption, and then transforms it. Remembering that these ceremonies have little value if not conducted within a community of shared values and perceptions, bringing together this community as the witnesses for the victim will be essential.

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Trauma Symptoms and PTSD-Like Profiles in Perpetrators of Intimate Abuse

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The presence of chronic trauma symptoms and similarity to a specific profile for post-traumatic stress disorder (PTSD) were assessed in a group 132 wife assaultive men and 44 demographically matched controls. Men who committed intimate abuse experienced more chronic trauma symptoms than nonabusive controls. A composite profile on the MCMI-II for wife assaulters demonstrated peaks on 82C (negative/avoidant/borderline), as have two independent studies of the profile of men diagnosed with PTSD. However, the assaultive population had higher scores on the antisocial personality scale and lower scores on anxiety and dysthymia. This PTSD-like profile on the MCMI-II was associated significantly with more frequent anger and emotional abuse of the subject's partner. The trauma origin for these men may have been parental treatment: experiencing frequent trauma symptoms as an adult was significantly related to negative recollections of parental treatment, specifically parental coldness/rejection and physical abuse.

KEY WORDS: trauma symptoms; wife assault; PTSD profile.

Studies have shown that children raised in physically abusive families are at increased risk to be assaultive toward an intimate partner when they reach adulthood (Kalmuss, 1984; Widom, 1989). This increased risk comes not only from direct modeling effects, but also from the development of a variety of potentially dysfunctional defenses. These include hypervigilance, projection, splitting, and denial (Eth & Pynoos, 1985; Terr, 1991; van der Kolk, 1987). Terr (1991) described a driven, compulsive repetition and reenactment that permeates the dreams, play, fantasies, and object relations of abused children.

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